

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 534  
Registered No. 534

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Miami - Inspiration Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child James Lynn Wallace } If child is not yet named, make supplemental report, as directed.3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Sept 12 1930  
Month Day Year8. FATHER  
Full name Ray Miller Wallace9. Residence  
(Usual place of abode) Miami, Arizona  
If non-resident, give place and state.10. Color or race white 11. Age at last birthday 24 (Years)12. Birthplace (city or place) Mount Sterling  
(State or country) Illinois13. Occupation Clk., office.  
Nature of Industry Copper mine14. MOTHER  
Full maiden name Vida Lris Dudley15. Residence  
(Usual place of abode) Miami, Arizona  
If non-resident, give place and state.16. Color or race white 17. Age at last birthday 22 (Years)18. Birthplace (city or place) Petrop  
(State or country) Oklahoma19. Occupation Housewife  
Nature of Industry20. Number of children of this mother. \_\_\_\_\_ } (a) Born alive and now living. 1  
(Taken as of time of birth of child herein } (b) Born alive but now dead. 0  
certified and including this child.) } (c) Stillborn. 021. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was alive at 10:45 a.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller  
(Physician or midwife.)Given name added from a supplemental report. \_\_\_\_\_ Address Miami, Arizona

Month, day, year

Registrar.

Filed Sept 20 1930

Registrar.

1163-9112-51146